

Case Number:	CM14-0017843		
Date Assigned:	04/16/2014	Date of Injury:	04/04/2009
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old male who reported an injury on 04/04/2009 of unknown mechanism. On the clinical note dated 01/29/2014, the injured worker stated there had been no changes in status since his last visit. He stated that he uses approximately one bottle of #60 of each of his "current" medications every 2 months. He also complained that his thoracic back was aching and that he wanted an ESI (epidural steroid injection). The physical examination documented under thoracic spine paraspinal muscle tenderness without tight muscle band palpated in the thoracic paraspinal musculature. Under lumbar, paraspinal muscle tenderness. There was a positive slump test with reproduction of radicular complaints. The treatment plan included Omeprazole 20mg, Tizanidine 4mg, Tramadol 50mg, Vicodin, and continue in active daily living and work. The injured worker also had modified duty. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST OF PRESCRIPTION FOR TIZANIDINE 4MG #60

DOS:1/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/antispasmodic drugs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 66.

Decision rationale: The California MTUS guidelines state that Tizanidine is approved for the management of spasticity; unlabeled use for low back pain. In the clinical notes, there was documentation of low back pain but without a measurable value. There was also no documentation of how well current medications were working or other forms of conservative care. The injured worker had been using Tizanidine since at least 12/23/2013. The MTUS does not recommend the use of muscle relaxers for greater than 4 weeks. Therefore, the refill on 01/29/2014 would have exceeded guideline recommendations for total duration of care. As such, the request for retrospective prescription of Tizanidine 4mg #60 DOS: 01/29/2014 is non-certified.

RETROSPECTIVE REQUEST OF PRESCRIPTION FOR OMEPRAZOLE 20MG #60 DOS:1/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms and cardiovascular risk, pg. 68.

Decision rationale: The California MTUS guidelines state that there needs to be a determination of age greater than 65; history of peptic ulcer, gastrointestinal (GI) bleed or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs(non-steroidal anti-inflammatory drugs). In this case, the clinical notes did not show documentation of gastrointestinal upset. Therefore, the request for retrospective prescription of Omeprazole 20mg #60 DOS 01/29/2014 is non-certified.